

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/551434	FILING DATE						
						APPLICANT(S)							
<i>Act. 34</i>													
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			51							
2		①		/		52							
3		②		/		53							
4		③		/		54							
5		④		/		55							
6		⑤		/		56							
7		⑥		/		57							
8		⑦		/		58							
9		⑧		/		59							
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46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	/		↓		↓			↓		↓		↓	
TOTAL DEP.	8	←	←	←	←			←		←		←	
TOTAL CLAIMS	9												